

## Federal Information

Ordinary Income (Loss) .....	\$0
Schedule K Income Items .....	\$0
Schedule K Deduction Items .....	\$0
Net Income (Loss) .....	\$0

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CLIENT COPY

## U.S. Return of Partnership Income

2017

For calendar year 2017, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_  
► Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

A Principal business activity <b>WHOLESALE SALES</b>	Name of partnership <b>COMMAND ARMS ACCESSORIES LLC</b>			D Employer identification number <b>45-0603839</b>
B Principal product or service <b>ARMS ACCESSORIES</b>	Number, street, and room or suite no. If a P.O. box, see the instructions. <b>3901 NE 12TH AVE, SUITE 400</b>			E Date business started <b>12/15/2010</b>
C Business code number <b>423990</b>	Type or Print	City or town <b>POMPANO BEACH</b>	State <b>FL</b>	ZIP code <b>33064</b>
		Foreign country name	Foreign province/state/county	Foreign postal code

G Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return  
(6)  Technical termination - also check (1) or (2)

H Check accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ►

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ► **2**

J Check if Schedules C and M-3 are attached . . . . .

**Caution.** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales . . . . .	1a	0	
	b Returns and allowances . . . . .	1b		
	c Balance. Subtract line 1b from line 1a . . . . .	1c		
	2 Cost of goods sold (attach Form 1125-A) . . . . .	2		
	3 Gross profit. Subtract line 2 from line 1c . . . . .	3		
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . . . . .	4		
	5 Net farm profit (loss) (attach Schedule F (Form 1040)) . . . . .	5		
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .	6		
7 Other income (loss) (attach statement) . . . . .	7			
<b>8 Total income (loss).</b> Combine lines 3 through 7 . . . . .	<b>8</b>	0		
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits) . . . . .	9		
	10 Guaranteed payments to partners . . . . .	10		
	11 Repairs and maintenance . . . . .	11		
	12 Bad debts . . . . .	12		
	13 Rent . . . . .	13		
	14 Taxes and licenses . . . . .	14		
	15 Interest . . . . .	15		
	16a Depreciation (if required, attach Form 4562) . . . . .	16a		
	b Less depreciation reported on Form 1125-A and elsewhere on return . . . . .	16b	16c	0
	17 Depletion (Do not deduct oil and gas depletion.) . . . . .	17		
	18 Retirement plans, etc. . . . .	18		
	19 Employee benefit programs . . . . .	19		
	20 Other deductions (attach statement) . . . . .	20		
<b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 . . . . .	<b>21</b>	0		
<b>22 Ordinary business income (loss).</b> Subtract line 21 from line 8 . . . . .	<b>22</b>	0		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.		
	Signature of partner or limited liability company member		Date

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

Paid Preparer Use Only	Print/Type preparer's name <b>DMITRIY GOYKHMAN</b>	Preparer's signature	Date <b>3/15/2018</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00751025</b>
	Firm's name ► <b>DMITRIY GOYKHMAN, CPA PC</b>	Firm's EIN ► <b>26-4212393</b>			
	Firm's address ► <b>230 WEST 38TH STREET, 14TH FL</b>	Phone no. <b>212-913-0680</b>			
	City <b>NEW YORK</b>	State <b>NY</b>	ZIP code <b>10018</b>		

For Paperwork Reduction Act Notice, see separate instructions.

**Schedule B Other Information**

1 What type of entity is filing this return? Check the applicable box:						Yes	No
a <input type="checkbox"/>	Domestic general partnership	b <input type="checkbox"/>	Domestic limited partnership				
c <input checked="" type="checkbox"/>	Domestic limited liability company	d <input type="checkbox"/>	Domestic limited liability partnership				
e <input type="checkbox"/>	Foreign partnership	f <input type="checkbox"/>	Other ►				
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? . . . . .						X	
3 At the end of the tax year:							
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership. . . . .						X
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership. . . . .						X
4	At the end of the tax year, did the partnership:						
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below . . . . .						X
(i) Name of Corporation			(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below . . . . .						X	
(i) Name of Entity			(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details . . . . .						Yes	No
6	Does the partnership satisfy <b>all four</b> of the following conditions?						
a	The partnership's total receipts for the tax year were less than \$250,000.						
b	The partnership's total assets at the end of the tax year were less than \$1 million.						
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.						
d	The partnership is <b>not filing</b> and is not required to file Schedule M-3 . . . . .						
If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.							
7	Is this partnership a publicly traded partnership as defined in section 469(k)(2)? . . . . .						X
8	During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .						X
9	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .						X
10	At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ►						X

**Schedule B Other Information (continued)**

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions . . . . .		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? . . . . . See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . . .		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) . . . . . ► <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property? . . . . .		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ►		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ► 0		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ► 0		
18a Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions . . . . .		X
b If "Yes," did you or will you file required Form(s) 1099? . . . . .		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ► 0		
20 Enter the number of partners that are foreign governments under section 892. ► 0		
21 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? . . . . .		X
22 Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Form 8938)? . . . . .		X

**Designation of Tax Matters Partner (see instructions)**

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ►	ELDAD OZ	Identifying number of TMP ►	1352
If the TMP is an entity, name of TMP representative ►			
Address of designated TMP ►	3806 BENSALEM BLVD BENSALEM	Phone number of TMP ►	PA 19020

<b>Schedule K Partners' Distributive Share Items</b>		<b>Total amount</b>	
<b>Income (Loss)</b>	1 Ordinary business income (loss) (page 1, line 22) . . . . .	1	
	2 Net rental real estate income (loss) (attach Form 8825) . . . . .	2	
	3a Other gross rental income (loss) . . . . .	3a	
	b Expenses from other rental activities (attach statement) . . . . .	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a . . . . .	3c	0
	4 Guaranteed payments . . . . .	4	
	5 Interest income . . . . .	5	
	6 Dividends: a Ordinary dividends . . . . .	6a	
	b Qualified dividends . . . . .	6b	
	7 Royalties . . . . .	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .	9a		
b Collectibles (28%) gain (loss) . . . . .	9b		
c Unrecaptured section 1250 gain (attach statement) . . . . .	9c		
10 Net section 1231 gain (loss) (attach Form 4797) . . . . .	10		
11 Other income (loss) (see instructions) Type ►	11		
<b>Deductions</b>	12 Section 179 deduction (attach Form 4562) . . . . .	12	
	13a Contributions . . . . .	13a	
	b Investment interest expense . . . . .	13b	
	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►	13c(2)	
<b>Self-Employment</b>	14a Net earnings (loss) from self-employment . . . . .	14a	
	b Gross farming or fishing income . . . . .	14b	
	c Gross nonfarm income . . . . .	14c	
<b>Credits</b>	15a Low-income housing credit (section 42(j)(5)) . . . . .	15a	
	b Low-income housing credit (other) . . . . .	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . .	15c	
	d Other rental real estate credits (see instructions) Type ►	15d	
	e Other rental credits (see instructions) Type ►	15e	
	f Other credits (see instructions) Type ►	15f	
<b>Foreign Transactions</b>	16a Name of country or U.S. possession ►	16a	
	b Gross income from all sources . . . . .	16b	
	c Gross income sourced at partner level . . . . .	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ► e General category ► f Other ►	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ► h Other ►	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ► j General category ► k Other ►	16k	
	l Total foreign taxes (check one): ► Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
	m Reduction in taxes available for credit (attach statement) . . . . .	16m	
<b>Alternative Minimum Tax (AMT) Items</b>	17a Post-1986 depreciation adjustment . . . . .	17a	
	b Adjusted gain or loss . . . . .	17b	
	c Depletion (other than oil and gas) . . . . .	17c	
	d Oil, gas, and geothermal properties—gross income . . . . .	17d	
	e Oil, gas, and geothermal properties—deductions . . . . .	17e	
	f Other AMT items (attach statement) . . . . .	17f	
<b>Other Information</b>	18a Tax-exempt interest income . . . . .	18a	
	b Other tax-exempt income . . . . .	18b	
	c Nondeductible expenses . . . . .	18c	
	19a Distributions of cash and marketable securities . . . . .	19a	
	b Distributions of other property . . . . .	19b	
	20a Investment income . . . . .	20a	
b Investment expenses . . . . .	20b		
c Other items and amounts (attach statement) . . . . .			

**Analysis of Net Income (Loss)**

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l . . . . .	1	0
2	Analysis by partner type:		
a	General partners	(i) Corporate	(ii) Individual (active)
b	Limited partners	(iii) Individual (passive)	(iv) Partnership
		(v) Exempt Organization	(vi) Nominee/Other

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .				
2a	Trade notes and accounts receivable . . . . .				
b	Less allowance for bad debts . . . . .		0		0
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities . . . . .				
6	Other current assets (attach statement) . . . . .				
7a	Loans to partners (or persons related to partners) . . . . .				
b	Mortgage and real estate loans . . . . .				
8	Other investments (attach statement) . . . . .				
9a	Buildings and other depreciable assets . . . . .				
b	Less accumulated depreciation . . . . .		0		0
10a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .		0		0
11	Land (net of any amortization) . . . . .				
12a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .		0		0
13	Other assets (attach statement) . . . . .				
14	Total assets . . . . .		0		0
<b>Liabilities and Capital</b>					
15	Accounts payable . . . . .				
16	Mortgages, notes, bonds payable in less than 1 year . . . . .				
17	Other current liabilities (attach statement) . . . . .				
18	All nonrecourse loans . . . . .				
19a	Loans from partners (or persons related to partners) . . . . .				
b	Mortgages, notes, bonds payable in 1 year or more . . . . .				
20	Other liabilities (attach statement) . . . . .				
21	Partners' capital accounts . . . . .				
22	Total liabilities and capital . . . . .		0		0

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. The partnership may be required to file Schedule M-3 (see instructions).

1	Net income (loss) per books . . . . .		6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	0	a	Tax-exempt interest \$ . . . . .	0
3	Guaranteed payments (other than health insurance) . . . . .	0	7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a	Depreciation \$ . . . . .	0
a	Depreciation \$ . . . . .	0	8	Add lines 6 and 7 . . . . .	0
b	Travel and entertainment \$ . . . . .	0	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 . . . . .	0
5	Add lines 1 through 4 . . . . .	0			

**Schedule M-2 Analysis of Partners' Capital Accounts**

1	Balance at beginning of year . . . . .		6	Distributions: a Cash . . . . .	
2	Capital contributed: a Cash . . . . .		b	Property . . . . .	
	b Property . . . . .		7	Other decreases (itemize): . . . . .	
3	Net income (loss) per books . . . . .	0	8	Add lines 6 and 7 . . . . .	0
4	Other increases (itemize): . . . . .	0	9	Balance at end of year. Subtract line 8 from line 5 . . . . .	0
5	Add lines 1 through 4 . . . . .	0			

Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

► File a separate application for each return.  
► Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.

Print or Type	Name  COMMAND ARMS ACCESSORIES LLC  Number, street, and room or suite no. (If P.O. box, see instructions.)  3901 NE 12TH AVE, SUITE 400  City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).  POMPANO BEACH, FL 33064	Identifying number  45-0603839
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**Note:** File request for extension by the due date of the return. See instructions before completing this form.

**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.

1 Enter the form code for the return listed below that this application is for . . . . . 09

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-ND	19
Form 706-GS(T)	02	Form 1120-ND (section 4951 taxes)	20
Form 1041 (bankruptcy estate only)	03	Form 1120-PC	21
Form 1041 (estate other than a bankruptcy estate)	04	Form 1120-POL	22
Form 1041 (trust)	05	Form 1120-REIT	23
Form 1041-N	06	Form 1120-RIC	24
Form 1041-QFT	07	Form 1120S	25
Form 1042	08	Form 1120-SF	26
Form 1065	09	Form 3520-A	27
Form 1065-B	10	Form 8612	28
Form 1066	11	Form 8613	29
Form 1120	12	Form 8725	30
Form 1120-C	34	Form 8804	31
Form 1120-F	15	Form 8831	32
Form 1120-FSC	16	Form 8876	33
Form 1120-H	17	Form 8924	35
Form 1120-L	18	Form 8928	36

**Part II All Filers Must Complete This Part**

2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here . . . . . ►

3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here . . . . . ►

If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here . . . . . ►

5a The application is for calendar year 20 17, or tax year beginning 20 , and ending 20

b Short tax year. If this tax year is less than 12 months, check the reason:

Change in accounting period  Consolidated return to be filed  Initial return  Final return  
 Other (see instructions-attach explanation)

6 Tentative total tax . . . . .	6	0
7 Total payments and credits (see instructions) . . . . .	7	0
8 Balance due. Subtract line 7 from line 6 (see instructions) . . . . .	8	0

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2017)

**SCHEDULE B-1  
(Form 1065)**

(Rev. September 2017)

Department of the Treasury  
Internal Revenue Service

## Information on Partners Owning 50% or More of the Partnership

- Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for the latest information.

OMB No. 1545-0123

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Name of partnership

COMMAND ARMS ACCESSORIES LLC

Employer identification number (EIN)  
45-0603839

**Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)**

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

**Part II Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
ELDAD OZ	114-92-1352	United States	50.000%
MOSHE OZ	FOREIGNUS	United States	50.000%

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

**Schedule B-1 (Form 1065) (Rev. 9-2017)**

HTA

COMMAND ARMS ACCESSORIES LLC  
3901 NE 12TH AVE, SUITE 400  
POMPANO BEACH, FL 33064

September 4, 2019

ELDAD OZ  
3806 BENSELEM BLVD  
BENSELEM, PA 19020

RE: COMMAND ARMS ACCESSORIES LLC  
45-0603839

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, ~~deductions~~ and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

ELDAD OZ

**Schedule K-1**  
**(Form 1065)**

2017

Department of the Treasury  
Internal Revenue Service

For calendar year 2017, or tax year

beginning ending 

**Partner's Share of Income, Deductions,  
Credits, etc.** ► See back of form and separate instructions.

 Final K-1 Amended K-1

OMB No. 1545-0123

**Part I Information About the Partnership**

A Partnership's employer identification number

45-0603839

B Partnership's name, address, city, state, and ZIP code

COMMAND ARMS ACCESSORIES LLC  
3901 NE 12TH AVE, SUITE 400  
POMPANO BEACH, FL 33064

C IRS Center where partnership filed return  
e-fileD  Check if this is a publicly traded partnership (PTP)

**Part II Information About the Partner**

E Partner's identifying number

Partner: 1

XXX-XX-1352

F Partner's name, address, city, state, and ZIP code

ELDAD OZ  
3806 BENSALEM BLVD  
BENSALEM, PA 19020

G  General partner or LLC  
member-manager Limited partner or other LLC  
memberH  Domestic partner Foreign partnerI What type of entity is this partner? Passive IndividualJ If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here 

K Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000%	50.000000%
Loss	50.000000%	50.000000%
Capital	50.000000%	50.000000%

L Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_

Qualified nonrecourse financing . . . . . \$ \_\_\_\_\_

Recourse . . . . . \$ \_\_\_\_\_

M Partner's capital account analysis:

Beginning capital account . . . . . \$ \_\_\_\_\_

Capital contributed during the year . . . . . \$ \_\_\_\_\_

Current year increase (decrease) . . . . . \$ \_\_\_\_\_

Withdrawals &amp; distributions . . . . . \$ ( \_\_\_\_\_ )

Ending capital account . . . . . \$ \_\_\_\_\_

 Tax basis  GAAP  Section 704(b) book Other (explain) \_\_\_\_\_

N Did the partner contribute property with a built-in gain or loss?

 Yes  No

If "Yes," attach statement (see instructions)

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		
			19 Distributions
			20 Other information

\*See attached statement for additional information.

For IRS Use Only

COMMAND ARMS ACCESSORIES LLC  
3901 NE 12TH AVE, SUITE 400  
POMPANO BEACH, FL 33064

September 4, 2019

MOSHE OZ  
DOC HERZEL, BLDG 8 APT 203  
TEL AVIV  
Israel

RE: COMMAND ARMS ACCESSORIES LLC  
45-0603839

Enclosed is your current year Schedule K-1 (Form 1065) for the above-referenced account. The amounts shown are your distributive share of the partnership's income, deductions and credits incurred during the year and are to be reported on your income tax return. The amounts may differ from the distributions you actually received during the year. The difference may be due to a number of factors including the allocation of fees or other deductions, exclusion of tax-exempt income, or a variance between your taxable year and that of the partnership.

If applicable, state tax information has been attached to the K-1. Since income tax requirements vary from state to state, the presentation of the state tax information will be different for each state. The information provided is based on your state of residence from our records. If information for your state of residence is not listed, please contact us at the number below.

If you have any questions concerning this information, please call

Sincerely,

ELDAD OZ

**Schedule K-1**  
**(Form 1065)**

2017

 Department of the Treasury  
 Internal Revenue Service

For calendar year 2017, or tax year

beginning ending 
**Partner's Share of Income, Deductions,  
Credits, etc.** ► See back of form and separate instructions.

**Part I Information About the Partnership**

A Partnership's employer identification number

45-0603839

B Partnership's name, address, city, state, and ZIP code

 COMMAND ARMS ACCESSORIES LLC  
 3901 NE 12TH AVE, SUITE 400  
 POMPANO BEACH, FL 33064
C IRS Center where partnership filed return  
e-fileD  Check if this is a publicly traded partnership (PTP)
**Part II Information About the Partner**

E Partner's identifying number Partner: 2

FOREIGNUS

F Partner's name, address, city, state, and ZIP code

 MOSHE OZ  
 DOC HERZEL, BLDG 8 APT 203  
 TEL AVIV  
 Israel
G  General partner or LLC member-manager  Limited partner or other LLC memberH  Domestic partner  Foreign partner

I What type of entity is this partner? Passive Individual

J If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here 

K Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000%	50.000000%
Loss	50.000000%	50.000000%
Capital	50.000000%	50.000000%

L Partner's share of liabilities at year end:

Nonrecourse . . . . . \$ \_\_\_\_\_

Qualified nonrecourse financing . . . . . \$ \_\_\_\_\_

Recourse . . . . . \$ \_\_\_\_\_

M Partner's capital account analysis:

Beginning capital account . . . . . \$ \_\_\_\_\_

Capital contributed during the year . . . . . \$ \_\_\_\_\_

Current year increase (decrease) . . . . . \$ \_\_\_\_\_

Withdrawals &amp; distributions . . . . . \$ ( \_\_\_\_\_ )

Ending capital account . . . . . \$ \_\_\_\_\_

 Tax basis     GAAP     Section 704(b) book

 Other (explain) \_\_\_\_\_

N Did the partner contribute property with a built-in gain or loss?

 Yes     No

If "Yes," attach statement (see instructions)

<b>Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items</b>			
1	Ordinary business income (loss)	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		
19	Distributions		
20	Other information		

\*See attached statement for additional information.

For IRS Use Only

The following questions should be answered in the context of the **FEDERAL** return being electronically filed.

Responses for state efiles are below.

Check ("X") this column to see more information, when available.

Name of signing officer or fiduciary . . . . . ELDAD OZ  
 SSN/EIN of signing officer or fiduciary . . . . . -1352

Form family applicability

1065	1120/F	1120S	1041
Y	Y	Y	Y

If a financial institution is the fiduciary then the financial institution's name should be entered.

Total Income from Prior Year return . . . . .

Enter total number of K-1's . . . . . 2

If claiming deduction for Salary & Wages on current year return, mark this box and enter the number of W2's reported to SSA for this tax year. . . . .

If claiming Compensation of Officers on current year return, mark this box and enter the number of officers . . . . .

Parent Company Name . . . . .  
 Parent Company EIN . . . . .

Business's Primary Physical Address:

Street . . . . .

Line 2 . . . . .

City . . . . . St . . . . . Zip . . . . .

Country . . . . . Province . . . . . Postal Code . . . . .

Grantor Name . . . . .  
 Grantor SSN . . . . .

Indicate which, if any, of the following forms this entity is required to file.

720  990  1042

940  941  943  944  945

Were estimated tax payments made for this entity towards the current tax year's liability?

Yes  No

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

First Payment, regardless of quarter or date paid.

Method      Direct Debit/ACH      Cash      Check      EFTPS  
                 

Amount paid with first quarter . . . . .

Date payment was requested to be debited . . . . .

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . . . . .

EFTPS Confirmation Number . . . . .

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.

Last Payment, regardless of quarter or date paid.

Do NOT use if only one estimated payment was made.

Method      Direct Debit/ACH      Cash      Check      EFTPS  
                 

Amount of last payment . . . . .

Date payment was requested to be debited . . . . .

For Cash payments, date cash was deposited. For Check payments, date on check.

Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . . . . .

EFTPS Confirmation Number . . . . .